



MEDECINS SANS FRONTIERES  
ВРАЧИ БЕЗ ГРАНИЦ

# Building a Bridge between the Street and Society.

*MSF's Experience and analysis  
of assistance to street children  
in Moscow (2003–2006)*

MOSCOW 2007



## Executive Summary

From 1992–2003, the international, independent, humanitarian aid organisation *Medecins Sans Frontieres (MSF)*, worked with the adult homeless population in Moscow.

MSF opened a program for street children and teenagers in Moscow in late 2003. During the last three years, MSF has developed a model of assistance specific to street children and teenagers, which aims to build a bridge between them and society. At its core the MSF model has attempted to encourage long-term social re-integration by using specialized outreach teams to 're-connect' with children on their own territory, and to establish positive adult-child relationships based on trust. Support is then provided by a multi-disciplinary team (doctor, psychologist, social worker, educational specialist) to the child, to help him or her make an informed decision to permanently abandon street life.

The state-run system that has been introduced in the capital over the last few years relies on police arrests, forced hospitalisation and placement in institutions, and is not able to achieve fully the long-term social reintegration of most of those who are vulnerable and ignored. MSF believes that the key to successful social re-integration is the development of city-wide, non-coercive, social outreach work.

This report analyses MSF's work with street children over the last three years and:

- **reveals the confusion in the definitions and data currently used** by the state to describe street children. All too often a distinction is not made between the 'homeless' (беспризорники) and the 'neglected' (безнадзорные) child; MSF estimates that during the course of one year approximately 2000 children are homeless in the capital;
- examines the average background of the beneficiaries of the MSF project and the **factors that cause their homelessness**: 40% of them come from families with only a mother; 77% are not registered in Moscow; 80% of those who have lived on the streets for over six months are over 15; once in four have been admitted to a *priut* twice or more;
- **details the living conditions and health-related dangers on the street**: increasing intravenous drug use, exposure to respiratory diseases and physical trauma;
- **explores the limitations of the current coercive system** that relies heavily on forced hospitalisation, and *priuts* which have little focus on social rehabilitation;



- suggests that **rather than just being the perpetrators of crime, most street children are also victims of it;**
- **demonstrates the effectiveness of** MSF's model of intervention based on **outreach work on the streets** and briefly describes how to set up an outreach team and day centre;
- **emphasises the need for co-ordinated work between NGOs and the state;**
- **includes a series of recommendations for both state and non-state organisations** and individuals who are moved to try to alleviate some of the suffering that has beset the short lives of these vulnerable children.

Many homeless children have made use of the assistance provided by MSF to make a conscious decision to re-direct their lives: more than 150 decided to return to their families or institutions of origin; 142 have re-established relationships with their families; 102 took a decision themselves to enter a *priut*; referred by MSF doctors, 441 were hospitalised or received medical assistance from polyclinics and hospitals in Moscow; 46 children had missing documents restored.

In this report<sup>1</sup>, we attempt to bring closer to the reader the reality of the lives of the hundreds of children with whom we have worked. We shared what they have shared: their fears and hopes, their jokes and fights, their sorrow, despair, their walk on the tight-rope between legal and illegal, their failures, and hopefully, their successes.

*"If I were rich I'd first build a school for carpenters. I'd learn to be a carpenter and then I'd build a ship on which I would travel the world."*

(A., homeless boy, 17 years old).

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<sup>1</sup> The report is accompanied by a practical implementation manual, for those interested in setting up street work or outreach work, on CD.



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Photos: Ramil Gutov, A.Glyadelov, J. Dirkx, R. Hammond



## Foreword

Médecins Sans Frontières (MSF), an international humanitarian organisation<sup>1</sup>, has worked with homeless children in Russia and many other countries. The experience of MSF shows that:

- 1/ the efficient prevention of homelessness, and the social re-integration of homeless youth, demands a multi-faceted approach;
- 2/ the problem of homeless youth will not only be solved by opening *priuts*<sup>2</sup> and hospital isolation wards and forcibly placing children in them;
- 3/ it is only possible to re-integrate a homeless child successfully if the child's viewpoint and right to make a choice are respected during the process.

Therefore, MSF believes that **systematic outreach work is** an essential component of any program aim-

ing to prevent homelessness, or trying re-integrate children already living on the street back into society. Outreach social work represents a move by adults towards a child. It is an opportunity to restore a child's trust in the adult world and mitigate some of the harmful effects of street life.

MSF is convinced that there are committed and caring people who are able to develop new ways of working directly with individual street children; people who are willing to take part in the building of a 'bridge' between society and its lost children<sup>3</sup>. It is for these people that this report is written.

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<sup>1</sup> Some sort of description of MSF here.

<sup>2</sup> A *priut* is a Russian term for a temporary shelter/orphanage.

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<sup>3</sup> Please note that throughout this report the terms 'child', 'teenager' and 'youth' are used interchangeably to apply to young homeless people under the age of 18.





## Introduction

Since 1992 MSF has implemented a range of programs in Russia: health services for the treatment and prevention of tuberculosis in Siberian prisons; medical and social support to the homeless; extensive humanitarian and medical assistance to civilians affected by the conflict in Chechnya; HIV/AIDS prevention in Moscow; and provision of emergency aid to people affected by earthquakes and floods. Aspects of MSF's model of medical and social assistance to the adult homeless (developed from 1992–2003) have been implemented by the health authorities in St. Petersburg and Moscow.

The MSF homeless children and teenagers assistance project was launched in Moscow in 2003. It is built on many years of experience of work with street children in different countries around the world.

During the last few years a significant number of shelters (*priuts*) for homeless and neglected children have been opened in different parts of Russia. A coercive system has been set up in Moscow which sends children from the police to hospital (for 1–2 weeks), to a

*priut*. This system provides children with social assistance and allocates them to different social institutions. The capital now has a network of *priuts* for homeless and neglected youth, and hospitals providing medical examinations and treatment.

MSF believes that, in practice, there is a gap between institutions and the street. At the moment, this gap is filled only by police, representatives of a coercive culture, who round up homeless and neglected children for placement in institutions. Clearly they are not the most suitable professionals to fill this role: their main task is to prevent and combat crime and not to carry out social work. The results of MSF's project show that a proportion of homeless youth fall through the net of the state's institutional system and end up on the streets again.

MSF believes that to fill the gap between the streets and society it is vital to set up **systematic social outreach work** on the streets<sup>4</sup>.

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<sup>4</sup> Please note that social outreach work is distinct from simply providing food on the street.



The efficiency of outreach social work has been proved in many countries. Homeless children cannot, or are afraid<sup>5</sup> of, establishing contact with adult society; they often don't know how to access medical and social assistance. The few existing projects which include outreach work are usually implemented by non-governmental organisations (NGOs), sometimes supported by the state. However, most of their services are directed at Muscovites and not at children from other regions. State structures themselves are not able to initiate activities of this kind, and in the Russian Federation state register of professions there is not even the concept of 'outreach worker'.

During its time in Russia MSF has observed that social outreach work is most prevalent in Saint Petersburg. Non-governmental organisations, like *Medecins Du Monde*, *Humanitarian Action*, *Stellit*, and *Protection of the Child*, have been working directly on the street with children for many years. In Nizhny Novgorod similar

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<sup>5</sup> Most homeless teenagers avoid contacts with adults outside their usual environment — the street. Nearly all street children have had negative experiences of communicating with adults. (MSF project data).

work is being carried out by the public organisations *Istok* and *ADRA*. In Perm, Barnaul, Tyumen and Kazan street outreach work is being developed with the assistance of regional and municipal authorities.

In Moscow the first project which included an outreach component was the *Children of Moscow Streets* project, a joint venture between the *Russian Charity Foundation NAN (RCF NAN)* and the humanitarian organisation *Equilibre* with the support of *United Nations Children's Fund (UNICEF)*. The project was conducted from 1997 to 1998 and included social outreach work in one of Moscow's districts, as well as offering psychological and social counselling for children from underprivileged families and parents. The model of work developed by *RCF NAN* is now being implemented by the centre *Perekryostok* in some Moscow districts.

At the beginning of 2006 teams from *Samusocial Moskva* began offering emergency medical and social assistance to children living on the streets of the capital. The *Samusocial* team consists of doctors, social workers or psychologists who, in a mini-



van, visit the places where homeless youth gather several times a week.

MSF's three years of experience in Moscow has confirmed the need to have projects focussed on homeless children. There is clear proof that if work with homeless youth is initiated in their own environment — the street — and continued in a day centre, even those that have dropped out of the existing re-socialisation system may be reintegrated into their families and society.

This report is accompanied by a CD, which contains a practical implementation manual for those who wish to establish outreach work or a day centre.



*A child in the street*



### **MSF Experience with street children around the world:**

#### *Current programs:*

Moscow, Honduras, Burkina Faso

#### *Past programs:*

Armenia, Philippines, Guatemala, Romania, Madagascar





## Chapter 1

### Homelessness and neglect: facts and figures

#### Definitions and figures

Before we analyse the specific reasons that cause children to live on to the street and stay there, the definitions of *беспризорный* (homeless) and *безнадзорный* (neglected) need to be clarified.

There are two official terms that are used to distinguish between two categories of children and teenagers living on the street<sup>1</sup>. These can be summarised as:

1. **[Безнадзорные] Neglected children and teenagers** — those under eighteen living mostly on the street due to lack of parental care or other circumstances. These children usually spend nights at home and live in the region in which they are registered.
2. **[Беспризорники] Homeless children and teenagers** — those under eighteen who live on the street and have lost contact with their family or the institution they used to live in. These children do not usually spend nights at home, come from other regions and are not registered where they live.

Misunderstanding and deliberate manipulation of the above terms creates confusion. When politicians, journalists and state officials mix the

<sup>1</sup> See the Federal Law of 24.06.99 № 120-ФЗ "On the system of prevention of homelessness and juvenile crimes".



According to the RF Education Ministry, as of January 1<sup>st</sup> 2005, there were 737,000 orphans and children left without parental care in Russia.

According to the RF Health Ministry, as of February 2006, there were 715,000 *neglected* children in Russia.



In MSF's opinion, the real number of *neglected children and teenagers* is bigger than it is indicated in the official statistics, as a neglected child is only detected by state structures, like the police or schools, when something happens. In other words, a child may be without his/her parents' protection for a long period of time but if s/he is not detained for some offence, or his/her constant absence from school is ignored, the child may not be officially registered as a neglected child.



two notions of homeless youth and neglected children, or children left without parental care and orphans from orphanages, they conjure the spectre of millions of homeless children and teenagers roaming around the streets and committing thousands of crimes. This picture bears little relation to reality, but prepares the ground for the idea of 'fighting' homelessness and homeless youth, instead of encouraging the development of more humane approaches like systematic social work.

Neglect may be just one step away from homelessness. If a child's situation at home or in an institution is not stable, if a child adjusts to street conditions, the social connections with his/her family can be completely destroyed and another homeless child is 'born'. Fortunately, it is not that often that a neglected child becomes a homeless one. It would be further possible to reduce the scale of this problem if a child and/or his/her family could access timely psychological and social assistance.

If we consider as homeless those who are living totally on their own on the street, how many homeless children and teenagers are there in Russia? The lack of clear communication between different agencies and the absence of standard criteria for data collection means that it is very hard to establish an exact number. The Ministry of Health and Social Development, for example, tries to count the level of homelessness in Russia according to the number of children that pass through *priuts*, and arrives at a figure of about 4,300 for 2005. This approach does not reflect reality in the country, however, because a proportion of the children in *priuts* are neglected rather than homeless. The Moscow social protection



**According to the RF Health and Social Development Ministry the situation with homelessness in Russia is improving. In 2004 5,700 *homeless* children were registered in *priuts* against 4,300 children in 2005.**

**According to the data of Department of Social Protection of Population of Moscow, in 2004 4,142 *homeless and neglected* children were registered in Moscow *priuts*, compared to 2,950 in 2005.**



department, in contrast, uses *priut* figures which are a combination of homeless and neglected children, and MSF works in direct contact with this department and has more confidence in these figures.

MSF data, compiled from outreach street work, estimates that over a one-year period about 2,000 children are homeless in Moscow. At any one time there are from 250 to 500 'real' homeless children, living permanently on the capital's streets. The number depends on the season and school holidays (at the beginning of the school year many children go back to their place of registration), on increased or decreased police activity, and other factors. Some of the children MSF works with have lived on the streets for the three-year lifetime of the project, for most their stay on the street lasts from several weeks to up to 6–12 months.

In Moscow most state and non-state organisations work with neglected children, who have a clearer registration status, rather than homeless children. MSF therefore works with the homeless group, for whom few services exist.

### Factors causing homelessness and neglect

According to most experts, in today's Russia homelessness and neglect are a consequence of the transition from a stable state-planned economy to the uncertainty of a market-based economy. Poverty, unemployment, family crisis (family breakdown, violence, neglect), and spreading alcohol and drug abuse have affected the lives of children, and some of them have chosen the street as their alternative home. It is clear that in the end it is always



*First days of 'free life'*



adults that are in some way the root cause of youth homelessness and neglect, regardless of the path the child chooses to get to the street.

The experience of MSF's work with its beneficiaries and our analysis of the reasons why children end up on the streets and what keeps them there, allows us to draw the following conclusions:

- Two thirds of children that choose to live on the street have run away from their home, and the rest have run away from orphanages. Most of the beneficiaries MSF meets who come from orphanages have one or both parents, but their parents have lost custody of them or are in prison.
- Most homeless children who run away from home are from broken or single-parent families or from families where one parent is either unemployed or is in a penitentiary institution. 40%<sup>2</sup> of MSF project beneficiaries have only a mother<sup>3</sup>.
- Most homeless children chose life on the street as an alternative to a constant lack of attention from their parents, relatives and teachers. Parents and teachers often try to compensate for their indifference towards children by moralizing, by punishing them for poor academic results, by yelling at them and sometimes by beating them, which alienates the teenager even more. It is on the street, in a peer group of those

<sup>2</sup> This is further confirmed by data from RCF NAN, who found that 46,6% of homeless children have only a mother. "Juvenile technologies", NAN, p. 30.

<sup>3</sup> Appendix 1, Table 1.



**According to outreach social workers from Kiev and Odessa, there are nearly 10 times fewer fights and arguments between homeless children than in their own families.**

*Social assistance to children on the street, Kiev, 2000. p. 17.*



**What is, in your mind, the main reason that forces children to go on the street?**

67,4% — crisis situation in the family;  
2,6% — failures of the education and social protection system (orphanages, schools, priuts);  
9,9% — the individual characters of the children;  
20,1% — hard to say.

**Do you think that homeless children are able to become active citizens?**

48,5% — yes;  
24,5% — no;  
26,9% — hard to answer.

Results of a questionnaire survey conducted in the train stations and streets of Moscow by MSF teams, May–July 2006.



like him/her, that a teenager can find emotional 'peace', shelter, and the recognition that s/he did not experience at home or in an orphanage.

➤ Many teenagers were forced to go on the street after having suffered psychological, physical and even sexual violence in the family or orphanage. Up to 80% of those that run away from institutions report cases of abuse by staff or older children.

➤ The decision to go on the street may often be provoked by parental alcohol abuse, poverty and inadequate living conditions, where several people have to live cramped in one room.

➤ Moscow is often viewed by teenagers from other towns as 'paradise' where one can have a good time and make money to survive. 77% of the total number of MSF project beneficiaries are registered in other regions of Russia and CIS countries<sup>4</sup>.

➤ Up to 80% of teenagers who have been living on the street for more than six months over 15<sup>5</sup>. The police usually pay attention to older teenagers only when they commit offences. Moreover, it is hard for *priut* staff to work with these homeless teenagers due to complications related to job opportunities and education.

➤ Many children met on the street by MSF teams have been admitted to a *priut* in Moscow at least once, and one in four have been admitted twice or more.

➤ Homeless teenagers often live in an imagined world of illusory freedom. They are not able to change their world, so they usually try to 'make it



### Ruslan, 17

Ruslan comes from Uzbekistan. He left home when he was 14, because the economic situation in his family of 17 children was dire. He hasn't heard anything from them for two years. In his first year in Moscow he didn't know anybody and didn't have work. Then he met some adult Uzbek men, also illegal migrants, and started living with them in a flat. There were many people sleeping in one room. He lied about his age and they arranged a job for him in a construction site. Ruslan, with his oriental appearance, is stopped by the police every day for document checks. But he has neither right documents, nor money for a bribe, and they let him go. He often has problems with his health, but has no access to medical care.

"My mother was fine with the fact that I left. My father was against it, but he said it was my own decision. I miss them, but feel let down. I was hurt when my mother said that there were so many of us in the family, that I was not needed."

<sup>4</sup> Appendix 1, Table 2.

<sup>5</sup> According to Moscow *priut* 2004 data, up to 65% of children admitted to Moscow *priuts* were under 15 years old.





bigger' by means of different psychoactive substances: glue, butorphanol<sup>6</sup>, and alcohol<sup>7</sup>. The rate of injecting drug use among homeless youth has grown considerably over the last two years. Addiction to psychoactive substances draws teenagers even more into the 'abyss' of the street.

➤ One in three of the project beneficiaries have been detained by the police twice or more<sup>8</sup>. The need to survive and an addiction to psychoactive substances often forces homeless children to break the law and commit crimes. Having broken the law, the teenager becomes even more excluded from society. S/he does not know what to do next, and often vaguely believes that everything will be sorted out somehow. The weeks spent on the street become months and, while a child adjusts to this way of life, s/he loses the skills needed for living in 'normal' society. This inevitably makes the re-socialisation process particularly complicated.

➤ The overwhelming majority of homeless youth do not get education. Poor academic results become an additional factor that keeps children on the street, as they are afraid to look ridiculous among younger children if they go back to school.

### The approach of Moscow state structures to homeless youth

Although they may be present in small towns, homeless children mainly live in big Russian cities where they can hide away and find food. Moscow, with its prosperous economy, attracts these children, but there they face a coercive state system of 're-socialisation': from police, to a specialized

<sup>6</sup> An opiate analgesic used by injection. Despite Ministry of Public Health and Social Development orders, it can be bought in many pharmacies.

<sup>7</sup> Appendix 1, Table 3.

<sup>8</sup> Appendix 1, Table 4.



*'Paradisa' Moscow*



hospital ward, to a *priut*. The main drawback of this approach is that it does not offer the child any options. Moreover, this forced removal of children from the street increases their mistrust of society, and makes them resistant to adults, who are in their perception universally coercive. This compounds their attachment to the street way of life.

According to data from the Department of Internal Affairs, 20,147 children were detained in 2005 for vagrancy, 9,215 of them were sent to children's hospitals, and 7,041 were admitted to such hospitals<sup>9</sup>. After medical examinations and in-patient treatment 2,950 homeless children were then referred to Moscow *priuts*. Where did over 10,000 children go after being detained by the police? Where are the 2,174 homeless children 'lost' on the way from a police department to a children's hospital? Why, out of 7,041 children that were examined in the hospital, did less than 3,000 children reach a *priut*?

There may be several answers to these questions. The police may detain the same child several times during one year; the child may not be really homeless but neglected, and may be taken back by his parents (guardians); or, while they are being accompanied to institutions (police, healthcare, social protection institutions) children may escape and run away.

The fact that so many children become 'lost' to the system as they pass through it must illustrate that the system itself lacks mechanisms that take into consideration the individual wishes, age and needs of children, as well as their experience of violence. With this kind of approach, the



**Which approach, in your opinion, is the most effective way of dealing with street children?**

14,2% — coercive placement of children in social institutions using the police;  
71,5% — systematic social work in the places where children gather on the streets;  
4,8% — nothing, the kids will leave the streets themselves when they want to;  
9,5% — other (mostly a combination of option 1 and 2, with society's involvement).

**Who do you think can solve the problem of homelessness?**

8,8% — state;  
5,3% — NGOs;  
5,8% — private persons;  
62,9% — state + NGOs;  
17,2% — hard to answer.

Results of a questionnaire survey conducted in the train stations and streets of Moscow by MSF teams, May–July 2006.

<sup>9</sup> The data of Moscow Health Department for 2005



younger the child, the easier it is to make them 'fit' the system. To varying degrees, the child is viewed as an object at every stage: a 'package' to be handed over, but not as a subject, a small person with his/her own wishes, fears and needs.

Even when living on the street, homeless children don't like to change their location. Children need a relatively stable shelter. They do not want to be transferred from one institution to another one. Most standard *priuts* operate under official statutes that only allow them to engage in a limited sphere of activity, and lack qualified staff and resources. This limits their ability to conduct intensive social rehabilitation work and the re-integration of their beneficiaries into society. As a result these *priuts* only function as temporary shelters or transit points from which a child is sent back to where they originally ran away from. Many teenagers, especially older ones, understand this and escape back to the street again and again.

In contrast to these standard *priuts* there are some institutions that are official centres of social rehabilitation for the under-aged<sup>10</sup>. These centres are allowed by law<sup>11</sup> to admit children directly from the street (so not via the police/hospital), have a medical isolation ward on the premises and conduct individual re-integration work with the children. It is instructive that such centres do not lack beneficiaries and have hardly any runaways.

**Timur, 15**

Timur had been living together with his grandmother in the waiting room of Kursky railway station for about two years. He managed to stay clean of drugs and alcohol and always looked tidy and clean. When he played in competitions in the day centre he usually won. After many months of supporting him to make a decision about his future, the MSF team helped Timur to obtain the necessary certificate for his return to the republic of Tajikistan and made it possible for reunification with his family. Now he works and helps his family with the money he earns.

<sup>10</sup> As of November 2006 there are 10 standard *priuts* and three centres of social rehabilitation in Moscow

<sup>11</sup> Federal Law of 24.06.99 №120-ФЗ "On the basis of a system of prevention of homelessness and neglect and offences among the under-aged".



Many street children that MSF meets say that they would like to go to a *priut* if it was possible to be admitted there without passing through the hospital. According to our psychologists, the children's scariest memories are those associated with an angry, drunk parent and being in a hospital ward for homeless youth.

Why are homeless children so scared of these hospitals? Mainly it is because their enforced stay in such hospitals represents to them violence similar to that which they ran away from, and/or experienced in their family or in an institution. This is not necessarily physical violence, which is rare but does occur<sup>12</sup>, but violence in the form of isolating the child in a special hospital ward for days on end. In these special wards a homeless child, who is used to freedom of movement on the street, is forced to spend 24 hours a day in a confined space for a period of 7–10 days. Children are not allowed to leave except to go to the toilet or to have medical check-ups. There is nothing for the children to do, and no attempt at systematic social or psychological work. The antipathy of many children to the hospitals is further heightened by the fact that their previous experience, and that of their friends, has demonstrated that the *priuts* that they are sent to afterwards are not permanent either. In most cases the *priut* will be simply a place from which they will be sent back to where they ran away from.

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<sup>12</sup> According to homeless children, hospital guards use physical punishment at night when there is no medical staff in the ward.



*The homeless children's ward of the Morozov Hospital in Moscow*





## Chapter 2

### Dangers and consequences of living on the street

#### Housing conditions, food and psychoactive substances

It is only in summer that some homeless youth sleep directly on the street. Usually they try to find a shelter with any source of warmth — basements, attics or under flyovers. In the worst cases they sleep in abandoned houses or under railway platforms. In all these places, the children sleep cramped top to toe, the sick and the healthy lying side by side.



So, what did adults do to make children prefer these dwellings to home or a clean bed in a comfortable *priut*? Some suggest that it is simply evidence of some children's thirst for freedom, but MSF believes that this



#### No place like home...

A 3x4 m concrete 'box' under a railway platform with a ceiling that feels like it is 'pressing' you into the ground. The walls are wet and an uneven clay-like floor is covered with trampled garbage. Old mattresses heaped with old blankets are in one corner. The TV, an alien from a different world, is in the opposite corner. The only source of daylight is the entrance tunnel. Every 3 to 5 minutes a train thunders overhead.



'Home' in Moscow





is the consequence of the lack of trust that such children have for adults, a lack of trust that is fostered by their own experiences and the existing system.

Bread, meat pies, canned meat, condensed milk or sweets, washed down with a soft drink — this is the everyday food of homeless teenagers. But this poor diet of junk food, consumed wherever and whenever they can find it, means that the children are always hungry. Sometimes they manage to get hold of hot food in charitable feeding points set up in the street. Some children living in basements or under platforms manage to make an illicit electricity connection, so they can cook on electric plates.

In order to escape reality for a while, and to cheat the feeling of hunger and loneliness, many children and teenagers become addicted to different psychoactive substances. Alcohol use and smoking are widespread. But while virtually all children, regardless of age, smoke, there are some who do not drink as they are scared to resemble their alcoholic parents. Even among these children it is hard to find one that does not sniff glue, varnish or other substances.

Do homeless teenagers consume drugs? They don't have the money to buy 'real' drugs. But because there is little control over the distribution of medications, children can freely buy butorphanol (stadol), an opiate analgesic. This is in spite of the official classification (under the Order of Ministry of Health of Russia of 21.12.99 № 472) that "Butorphanol tar-



*Lunch and dinner*



*Glue*



trate belongs to group A of medical substances and must be registered and sold on special prescriptions only".

### The health status of street children

According to data collected by MSF doctors, the most common pathologies found among homeless children are: physical trauma, respiratory diseases and gastrointestinal diseases, including food-borne toxic infection<sup>13</sup>. There is a common prejudice that all the homeless — whether they are children or adults — are riddled with lice and scabies. In reality, pediculosis (lice) is quite rare among Moscow homeless youth: MSF doctors detected only 7 cases over the first 8 months of 2006.

According to the Moscow Health Department, HIV infection is not common either: from 2003 to 2005 there were 20 HIV-positive results out of over 20,000 homeless and neglected children tested for HIV in Moscow hospitals. However, as the number of homeless youth injecting butorphanol is constantly growing, this apparent low rate of HIV infection among street children is no cause for complacency.

The evil of easy access to butorphanol lies not only in the fact that as an opiate it is highly addictive, but that intravenous injection creates the risk of HIV infection, Hepatitis B and C, virus and other infections. In addition teenagers inject in unhygienic conditions, and often have very



#### ***What do you think of the health of homeless children?***

*2,1% — mostly healthy;*

*86,8% — have different diseases;*

*11,1% — hard to answer.*

Results of a questionnaire survey conducted in the train stations and streets of Moscow by MSF teams, May–July 2006.



*Butorphanol*

<sup>13</sup> Appendix 2.

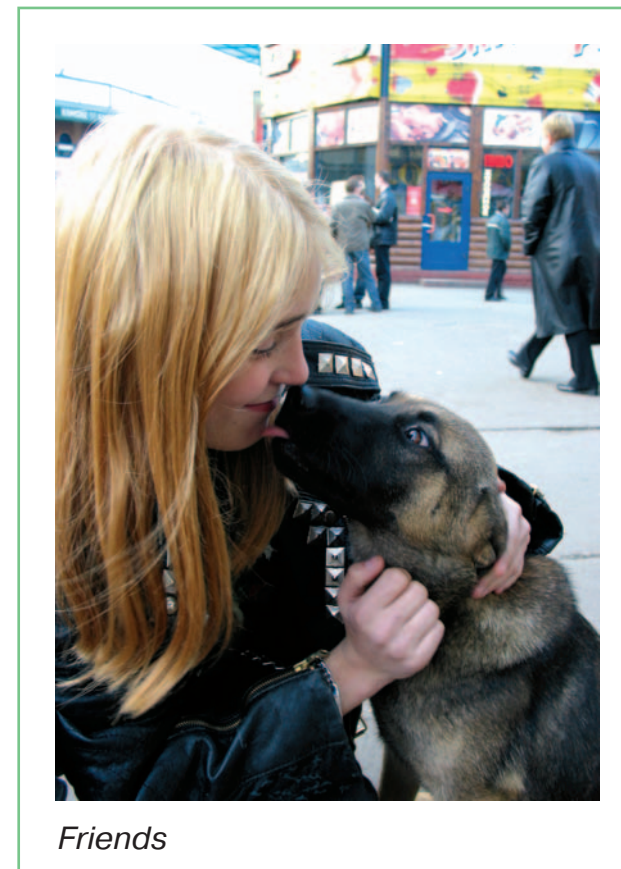


vague notions of anatomy that can lead to complications like abscesses, infected wounds, phlebitis and lymphadenitis<sup>14</sup>.

Experience gained internationally proves that sex education and harm reduction programs, including needle and syringe exchange and opiate replacement therapy, are very effective among drug users. But sex education is practically non-existent in schools and harm reduction and exchange programs are banned in the capital. Lack of knowledge about safe sex and contraception, compounded by the frequency of sexual violence committed towards homeless children often leads to sexually transmitted diseases (e.g. HIV, syphilis and Hepatitis B and C viruses), and unwanted pregnancies.

The regular inhalation of glue or varnish vapours results in the destruction of respiratory tract mucous membranes and weakens the immune system, which causes respiratory disease and can lead to pneumonia. Internationally, cases of sudden cardiac death have been recorded among young glue sniffers. Chronic use can also have a negative effect on the gastrointestinal tract, liver and red blood cells, and accumulate in the tissues of the brain and nervous system, particularly in nerve cells that then die.

The life-style of homeless youth, their poor diet, lack of vitamins, and substance abuse not only damages their health but also impacts on



*Friends*

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<sup>14</sup> lymphatic gland inflammation



their survival skills and their ability to cope in normal society. Fortunately, young people are quite resilient, and experience suggests that most children may be reintegrated into society providing there is a timely and effective intervention.

MSF is convinced that systematic social outreach work with children, on the streets, can prevent illnesses developing and improve the access of homeless youth to medical assistance. Access to medical care ought to be guaranteed by the order of the Moscow Department of Health № 535 of 18.08.1996, which stipulates that all polyclinics and several hospitals must admit all citizens, including children, based on medical need and regardless of whether they have registration papers and documents. However, in practice many homeless youth are not aware of this, and they are unable to be proactive about their own health, only visiting clinics when accompanied by an adult social worker.

### Life on the street and crime: who is the culprit, who is the victim?

Children or teenagers that run away from home or an institution have to adapt in order to survive. They do this by begging, helping street vendors and/or stealing. Some homeless teenagers are recruited by older criminals and are exploited, pimped and forced to commit crimes.

There seems to be a common misconception in the media and among state officials that homeless youth somehow just 'appear from nowhere'. This theory fails to take account of the fact that in the life of



**In MSF's opinion, forced medical examination and treatment in isolation wards in child hospitals can scare children away from asking for medical assistance. We have had several cases in which children with pneumonia, rheumatoid arthritis or other diseases needed specialized inpatient treatment but they refused to be hospitalised. They were afraid not only of these isolation wards but also that afterwards they would be sent back to the place from which they ran away.**



***Have you ever witnessed crime towards homeless children?***

22,5% — yes;  
77,5% — no.

***Have you ever witnessed violence committed by homeless youth towards other people?***

23,8% — yes;  
76,8% — no.

Results of a questionnaire survey conducted in the train stations and streets of Moscow by MSF teams, May–July 2006.



every child there are responsible adults — parents, guardians and teachers. MSF therefore supports the development of the newly emerging juvenile justice system in Russia in its attempts to offer a social solution to problem families when a child has committed a crime, and its role in defining the responsibility of those adults whose action or inaction contributes to a child ending up on the street.

Life on the street may lead a child to the defendant's dock, but can also mean s/he is the victim of crime. According to official data for all of Russia, in 2003 "96 ,000 minors were victims of crimes, nearly 4,000 minors were killed by criminals, 4,600 were seriously injured, and 24,000 minors were reported missing"<sup>15</sup>.

MSF believes that one way of preventing homeless children being recruited by criminals is the establishment of systematic social outreach work. A child or teenager always benefits from the presence of an adult authority figure: a homeless child's future will depend a lot on whether this influential adult figure is a thief or a social worker.



**'In 2005 4,976 parental neglect cases were opened, and 1,704 cases were sent to courts.** (From the letter of Moscow ГУВД (police) №14/70-1315).

**'Over 189,000 materials on parents or legal representatives neglecting their duties towards children and teenagers were sent to courts and committees on juvenile affairs, to state and public organisations. Over 7,000 criminal procedures were initiated on the above grounds.** (Words of Deputy Prosecutor General of Russia S. Fridinsky, 04.07.2005).

**"In most regions prosecutors have noticed bureaucracy, red tape and often flagrant neglect of duties on the part of the personnel of internal affairs bodies dealing with prevention of homelessness and crimes among the under-aged".** (General Prosecutor's Office on the results of revision in 32 entities of the RF, 15.07.2004).

<sup>15</sup> V.Lekareva, State Duma deputy. 21.10.2003





## Chapter 3

### The homeless Children and Teenagers Project of Médecins Sans Frontières (MSF) and its place in the social re-integration process

#### The 'evolution' theory of work with the homeless child

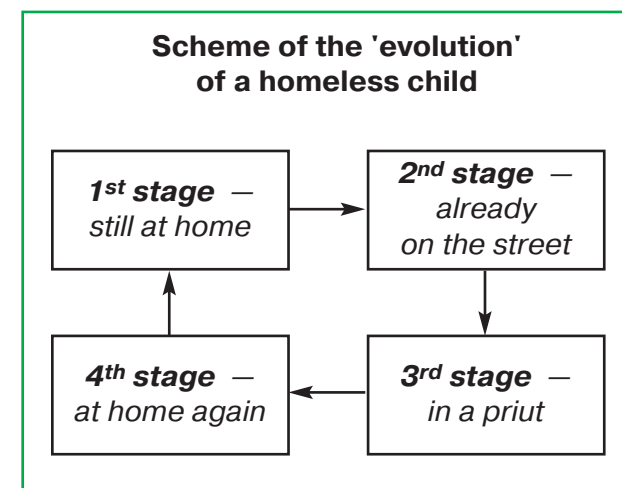
The phenomenon of youth homelessness is a complex and dynamic one. MSF's experience has led it to conclude that four rough stages may be defined in the 'evolution' of a homeless child: *still at home*<sup>16</sup>, *on the street already*, *in a priut*, *at home again*. Each stage demands different interventions in order to either prevent a child from going onto the street, or to bring him/her from the street to home and to encourage him/her to stay there.

Prevention is only really possible at the **1<sup>st</sup>** and **4<sup>th</sup> stages**, when a child is at home or in an institution. The components of a homelessness prevention system include: individual work on family consolidation, educational work at school, the development of family-type orphanages, public sport facilities and recreation centres, assistance in vocational training and job placement.

At the **2<sup>nd</sup> stage**, when a child has already left the family or an institution, interventions by social workers or psychologists are necessary to

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<sup>16</sup> In this context the notion of "home" means not only living with parents/guardians but also living in a long-term institution.





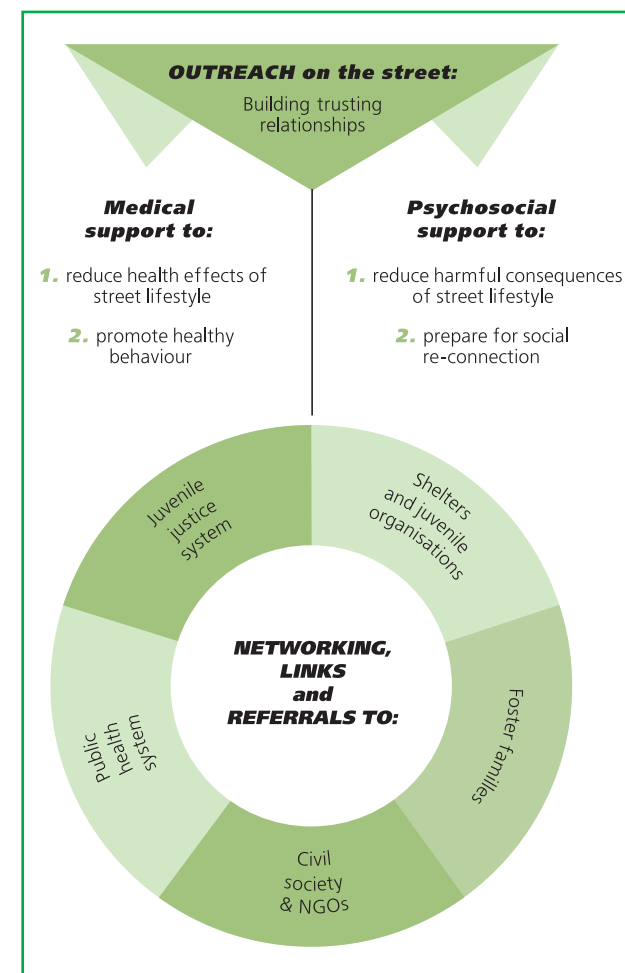
re-establish trust and help a child initiate contact with their family or an institution rather than finding solace in the street.

If a teenager leaves the street and is admitted to a *priut*, every effort should be made to reconnect them to society and bring them back to normal life. Priorities for social rehabilitation centres or *priuts* at this **3<sup>rd</sup> stage** of a homeless child's 'evolution' should include: exploration of the family circumstances of a child; work aimed at reconnecting the young person to their family (if there is anything to reconnect to); placement of the child in a long-term institution, a family-type orphanage or a foster family; creating conditions for overcoming the young person's educational gaps.

Even if the **3<sup>rd</sup> stage** objectives are fulfilled and the teenager's needs are met, there is still a possibility that the child will break away and go back to the street. Consequently, a **4<sup>th</sup> stage** is necessary to ensure the stability of re-integration. As suggested above in reference to stage 1, prevention is multi-faceted. Supervision by social services and guardianship bodies is required to ensure that everything is being done to stop the child from going back to the street.

### MSF approach and objectives

In developing and implementing its project for homeless children and teenagers, MSF does not aim, nor pretend to solve, all the problems of its beneficiaries. Nor can it replace all the current structures that exist to prevent homelessness and reintegrate homeless youth into society. Our





objective is to be proximate to those who are already living on the street and to support them in their decision to leave the street. In other words, MSF is present mostly at the **2<sup>nd</sup> stage** in this 'evolution' theory.

The project's operational framework only allows us to provide medical and psycho-social assistance on the street or in a day centre, to help facilitate a process of social reconnection and to assist a child if s/he wishes to return to the family or be placed in a *priut*. Although this approach can be seen as limited, the MSF program acts as a '**bridge**' **between the street and the society**. This 'bridge' can not be built without the participation of the homeless child, without close collaboration with partners, without the involvement of other state organisations and NGOs, nor without understanding and interest from society.

### MSF's project activities

In developing its project, MSF has concluded that it is essential to have at its core a multi-disciplinary team consisting of a doctor, social worker, psychologist, education specialist and several outreach social workers. It is also vital to have a case manager, who ensures that the work of other professionals in the team is co-ordinated into individual plans for each child, and is responsible for the maintenance of individual files.

Outreach work on the streets is the cornerstone of the project. Work starts with establishing a first contact and then building a trusting relationship between the adult and the child on the homeless child's own territory — the street. One or two teams consisting of a doctor, a psy-



#### **MSF's Overall objective:**

**To ensure homeless youth have access to non-coercive services (medical, psychological, social) that will support them to make an informed decision to improve their individual life prospects as an alternative to the street**

The MSF program is only one of a number of actors that will contribute to social re-integration. Through the efforts of a coordinated inter-institutional network long-term positive results in the life of street youth can be achieved. This is what we call a Beneficiary Centred Approach.



#### **MSF Project Objectives:**

- 1. To help homeless children and teenagers reduce the harmful health effects of their high-risk lifestyle.**
- 2. To re-connect homeless youth with society.**
- 3. To prepare homeless children and teenagers for social re-integration.**
- 4. To be a catalyst for effective interventions by other state and non-state organisations in Moscow.**



chologist or a social worker visit the gathering areas of homeless youth on a daily basis. Once a week one team does an exploratory shift to a new region where homeless youth may be. In addition a late night shift (8 p.m. — 12 p.m.) or an all-night shift is organised at least once a month.

Establishing contact on the street and building a trusting relationship is just a first step. Efficient social re-integration needs certain conditions that can't be created unless there is an opportunity for at least temporary distance from the street environment. It was with this in mind that MSF opened a day centre in 2005 to serve as a safe 'buffer' and neutral territory between the street and the society. Apart from satisfying some of the children's basic needs (to have a shower, to have clothes washed, to have tea or milk<sup>17</sup>, to play), communicating with the day centre team can give a homeless young person useful skills and knowledge, including communication and behaviour skills that are normative in society. The centre is in the process of being handed over to the *Salvation Army — Russia*.

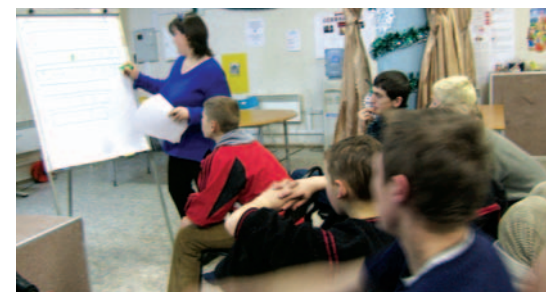
Both on the street and in the day centre staff help children overcome the negative impact of street life by conducting educational workshops for

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<sup>17</sup> In order to avoid making a free feeding point out of its day centre, MSF did not attract street children with free meals. However, it did not reject cooperation with other organisations carrying out activities of this kind.



Street work



Work in the day centre



individuals and groups and by facilitating access to state institutions, like *priuts*, and NGOs for medical, social and legal and other assistance. External consultants are invited once or twice a week to facilitate workshops with the children (theatre, sport, dance).

The project team have developed a special guide for homeless youth that they distribute on the street and in *priuts*. The guide contains information on the rights and responsibilities of homeless teenagers, explanations of the dangers of living on the street, and suggestions about how they can help themselves and connect again with mainstream society.

The MSF project is comprised not only of the work carried out on the street and in the day centre. It uses different approaches to try and motivate homeless teenagers in life elsewhere than on the street, leaving behind them the glue, drugs and alcohol. Visits to exhibitions, museums, the zoo, the dolphinarium, and the joint development and implementation of projects<sup>18</sup> or events, can give variety to the life of street children and help to push them towards changing their life style and going back home. Summer camps organised in the Moscow region have a similar aim. The forest, far from everyday street life, creates ideal conditions for individual work and discovering the children's potential<sup>19</sup>.

<sup>18</sup> For example, the photo project, when children documented their own lives with disposable cameras.

<sup>19</sup> Appendix 7.



*New Year party at the day centre*



*On a hike*





MSF would emphasize however, that occupational or entertainment activities *without* parallel in-depth individual work, are useless. Co-ordinated work by a multi-disciplinary team is the key to a child's deliberate consideration of alternatives to his/her current life situation. The following process is therefore pivotal:

- 1) ASSESSMENT of each regular beneficiary
- 2) PLANNING of individual case objectives and strategies by the multi-disciplinary team (involving the beneficiary in the planning whenever possible)
- 3) IMPLEMENTING activities related to the plan for each individual
- 4) EVALUATING the individual's movement towards achievement of the individual case objectives. Weekly case study meetings are the platform for launching this process and following it up for each individual child.

The psychologist plays an important role in discerning the risk and positive factors influencing the child's social, family and individual contexts, and guiding the team toward both minimising the risk elements and building on the positive elements.



The MSF project's **PSYCHOLOGICAL** component includes the following primary activities:

- 1) *Development of social competencies (cognitive, affective and behavioural)*
- 2) *Rise in self-esteem directly linked to the fomentation of talents and interests*
- 3) *Promotion of positive values (moral reasoning, empathy, etc)*
  - i) Motivational counselling
  - ii) Solution-oriented therapy
  - iii) Crisis situation counselling
  - iv) Harm reduction counselling (averting risks connected to their lifestyle)
  - v) Resilience fomentation (promotion of positive intrinsic and extrinsic factors that reduce risk and vulnerability)
  - vi) When possible and/or needed, family counselling or negotiation



A combination of all these interventions helps the street child to overcome the burdens of their past, assume responsibility for their future and take a considered decision to leave the street. If a child returns back home or is placed in an institution, the social worker follows up on their progress during a three-month period.

### Achievements of MSF's program 2004–2006

During MSF's years of work with street children in Moscow, the achievements of the project can be broadly divided into two categories: 1) what the program did for individual beneficiaries, and 2) what model of intervention of work with homeless youth was developed by the organisation.

How did the MSF program impact the life of street children? Social workers began to appear regularly in their lives as representatives of the adult world. Children began to talk to them, get advice from them, and to trust them. Some children who had previously chosen the street began to make conscious decisions to leave it. Social workers helped some who had previously been afraid to seek medical treatment or assistance, and helped others to re-connect with their relatives and return home or to an institution.

Many MSF beneficiaries have made use of the assistance provided by the organisation to make a conscious decision: more than 150 decided



**From January 2004 to October 2006 MSF met on Moscow's streets a total of 1,266 homeless children.**

**Thanks to MSF's three years of work, more than 150 children who had lived for a long time on the streets returned home. 142 re-established contact with their families. 102 decided themselves to enter a *priut*. 441 were received medical treatment at facilities in Moscow.**

**Analysis of the data shows that the majority of the 150 who decided to return home did so in 2006, when the MSF model had been adapted and honed to meet the needs of the children.**



to return to their families or institutions of origin; 142 have re-established relationships with their families; 102 took a decision themselves to enter a *priut*; referred by MSF doctors, 441 were hospitalised or received medical assistance from polyclinics and hospitals in Moscow. 46 children had their documents restored.

What kind of model of intervention has MSF developed? The organisation has consolidated a working model of aid to homeless children directly on the street. During the life of the program, a process of continual reflection on real experience has ensured that the operational model and the composition of the multi-disciplinary team are optimised. MSF's work proves in practice that systematic outreach street work supported by a day centre is able to bridge the gap between the street and society. This approach takes account of the individual age and needs of a child, and returns to them their ability to make an informed and sustained decision to leave the streets. Our experience shows that those who have made the decision to leave the street rarely return.

### One man is no man

Although it appears that there are many NGOs that work with children, there are not many willing, and with the means, to work with homeless youth. MSF collaborates closely with different organisations that help our beneficiaries to solve concrete problems: admission to a *priut*, buy-



#### Olesya, 14

When MSF street workers first met Olesya and her twin brother at one of the rail way stations in Moscow in February 2006, she was 13 years old and had already run away from her home 9 times. People called her "fugitive girl". Her mother and stepfather have been in jail for a long time. Often, especially on holidays, everybody got drunk in her home, including Olesya herself.

She recalls her first time alone in Moscow as a fugitive. She didn't know where to sleep and she didn't know any other street kids then. She was afraid of the dark, but she used to walk along the streets all night long so that her legs grew very tired. She is not afraid of darkness anymore...

She was given a place in a temporary shelter for street children and orphans in Moscow, but she ran away. The police several times returned her to her family, but she never stayed there long. When asked whether she made friends in the shelter, she said: "Oh, yes, of course. But you know what, when I'm there I immediately long to come here... I cannot live without my friends here (*in the street*)".

She has received offers from different pimps on the street, but there are still no signs that she started to work as a prostitute. She sniffs glue at times, and she has periods when she is drunk for days on end.

Olesya keeps coming to the MSF day centre. She is 14 now and still a "fugitive girl". But the MSF psychologist says that when she decides to come return home these days, she does it more sensibly and deliberately, and tries to stay there longer. Together with the MSF psychologist she wrote a letter to her mother, which contained a list of things she is ashamed of, and a list of things she is hurt by. This girl is trying to learn how to re-build relations with her family and with other people. She hasn't sent the letter yet though...



ing a ticket to go home, accessing medical check-ups and finding treatment for drug addiction etc.

Many problems of our beneficiaries can not be solved without the cooperation of the police, healthcare system and social protection institutions. MSF has regular contact with the *priuts* and social rehabilitation centres of the Department of Social Protection of Moscow. MSF social workers visit the children that are admitted to *priuts* with our assistance. In some *priuts* MSF leads workshops on career guidance or the prevention of different diseases.

MSF is also in contact with various different authorities when trying to solve the specific problems of our beneficiaries or issues of a more administrative nature. It is usually possible to achieve the result needed. Unfortunately, this is not always the case. Poor outcomes are usually the result of multiple departments — police, healthcare system, social protection bodies etc — failing to co-operate in the interests of specific children, and/or exhibiting apathy and indifference. For example, for a year MSF has been trying to bring to the attention of the Russian Federation Federal Service on Drug Trafficking Control, the Ministry of Health and Social Development and the Moscow Department of Federal Service on Drug Trafficking Control the fact that butorphanol is sold freely to children and teenagers, despite being officially banned from sale without prescription. Despite acknowledging the existence of "cases of non-prescription sale of butorphanol tartrate (Stadol,

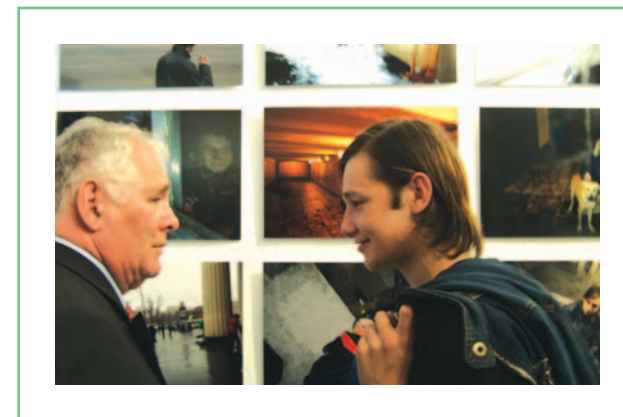


*Girl sleeping on the street in Moscow*



Moradol) to addicted persons, including children and teenagers"<sup>20</sup> neither the Russian Federation Federal Service on Drug Trafficking Control, nor even the Federal Security Service seem to be able to halt this illegal trade.

MSF also uses contact with the media to state its belief that the interests of the child should be the guiding principles for adults organising work with children. In addition, we try to organise opportunities for the homeless children themselves to speak out about their own stories. To this end we mounted a photo exhibition in July 2006 of photos taken by our beneficiaries of their own lives. It was part of our ongoing attempt to see the world around through the eyes of street children.



*At the photo exhibition*

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<sup>20</sup> Letter by the Head of the Moscow Department of Federal Service on drug trafficking control, 02.08.06 № 1/15-1806





## Chapter 4

### Advice on how to organise outreach work and set up a day centre

#### Why is it necessary to be proximate to homeless children?

Many officials complain about outreach work. They seem to suggest that there is no use for activity of this kind when there are police organising raids and bringing children regularly to *priuts*.

Of course, if work with homeless children is viewed as a struggle against crime, then it may be that those in police uniform are best placed to maintain public order. But a homeless child is not an enemy and not even a potential adversary. If a homeless child is viewed as a victim, which s/he is in most cases — a victim of indifference or violence — the use of force, even with good intentions, will cause resentment and protest and, consequently, the child will seek refuge in the street.

No one, especially a child, can survive alone on the street. Children need adults, no matter how hard they try to demonstrate their independence. Establishing themselves as an authority figure for a homeless child is one of the priorities of an outreach worker.

Social outreach work does not work in opposition to police juvenile units, but should collaborate with them. However, it is true that homeless youth view the police as a repressive agency, and an outreach



MSF Project **OUTREACH WORK** activities include:

- i) informing
- ii) consulting
- iii) motivating
- iv) relationship and trust building
- v) promotion of health seeking behaviour
- vi) provision of primary and emergency medical aid
- vii) provision of emotional support in crisis



**MSF's experience shows that it is impossible to organise stable outreach social work by attracting volunteers *only*. Employees should have decent salaries. The salary should reflect the difficulties, dangers and peculiarities of the working conditions: rain, snow, slush, dirt, cold and heat, street crime, psychological load, possible exposure to infectious diseases, the need to move around the city, late night and all-night shifts.**



worker who does not present them any potential danger has more chance of establishing a trusting relationship with the children. Only once the foundations of trust are laid can further relations develop.

### How to organise outreach work

Outreach work must be regular. Apart from the need for staff to know the children and their gathering areas, homeless children themselves need to get used to the idea of consistency — the fact that a familiar social worker will be present on their territory at a certain time. In addition, activity of this kind demands knowledge and, above all, experience that can be gained only by communicating regularly with street children. This means that regular paid staff must carry out social outreach work. This is a mandatory requirement: a trained student or a volunteer may also participate but only as a partner in the team. Suitable professionals include those from the disciplines of education, medicine, psychology and social sciences. However, MSF experience proves that health professionals are more effective as outreach workers and are trusted more by homeless children.

It goes without saying that a specialist working on the street must know the basics of teenage psychology, have first aid skills and communication skills. But practice shows that no amount of education can replace compassion, honesty, and responsibility. Homeless children often lie and do not always respect moral values, but they will not forgive adults if they also lie, or break promises and appear not to care.



**MSF's experience proves that motivation and personal skills are the basic criteria for selection of candidates for outreach work with children. Some useful qualities are: a sincere wish to help, listening and memory skills, interest in the child's life, kindness, sense of humour, tolerance, self-control, honesty, strictness and fairness, fast reactions and the ability to be open but keep some emotional distance.**



*Health education work in the street*



The street is full of surprises and the social worker must be ready to face them. S/he must follow strict guidelines<sup>21</sup> and established rules<sup>22</sup> for work with homeless children including the security procedures for the team. It is forbidden to go on the street alone. The ideal number of team members working on a normal shift is two. Ideally, the team should consist of a man and a woman. Clothes and shoes should be comfortable and appropriate for the season.

Homeless children tend to gather in places where they can 1/ earn (beg for or steal) money — kiosks or small shops around train stations; 2/ spend money — slot machines, computer games, markets or pharmacies; 3/ eat for free — free feeding points run by different religious and charitable organisations. They tend not to stray far from the place in which they will spend the night.

Street children usually sleep in the morning and in the afternoon, so street shifts should not be organised earlier than 4–5 p.m., and sometimes later. Experience shows that there are some children who have a nocturnal lifestyle and it can be hard to meet them even late in the evening. Therefore, once or twice a month it is good to have an all-night shift. When working at night, it is especially important for staff to follow the security guidelines and the all-night team should consist of a minimum of 3 persons.

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<sup>21</sup> Appendix 3.

<sup>22</sup> Appendix 4.

**Practical tips:***First contact with homeless children.*

When approaching a child in the street, forget sophisticated schemes about contact building with deviant teenagers. You have a child or teenager in front of you. Talk to him/her in a calm and friendly manner, avoiding 'baby talk', and try and get him/her interested in you.

If this approach is used, the child will start talking to you easily, providing he is not busy and is not under the influence of glue or other drugs. If you see that a child is heavily intoxicated, introducing yourself should be enough, or contact should be avoided entirely.

You need to introduce yourself and simply explain which organisation you represent and what it does. It is vital to offer the child something (a sandwich/tea, a game, information about a day centre, the homeless child pocket guide). Remember the children's names and do not confuse them!



What does today's homeless teenager wear? In most cases, similar clothes to children living at home. Small vagabonds — dirty, with dishevelled hair and in torn clothes — are rarely to be seen in Moscow; they take their appearance seriously and they try to blend in with the non-homeless. But a homeless child will have worn-out shoes, and will not carry a bag or a case. They will have dirty hands with dirt under their nails. Rarely do you meet a homeless child wandering around alone, usually they are in a group of two or three children. Often they will clutch a small plastic bag with glue that they hide under a ballooning sleeve or under their jacket, close to the chest.

Some experts who consider themselves specialists on homelessness, think that all homeless children behave deviantly. They then assume that a special approach is needed for these children and that it is hard to deal with them. Clearly, homeless children have some idiosyncrasies that should be taken into account during communication. In most cases, however, it is clear from the first contact that these children are the same as other children, and are sometimes more out-going than those who live at home. In comparison with 'home' children, homeless children seem to feel keenly any lack of care and consideration from adults; in some ways they crave communication with adults.

Be yourself, do not be unnaturally nice, do not impose yourself on the child and do not make unrealistic promises. Do not let the child insult you, but at the same time do not get offended. The best defence meth-



*Loneliness in the big city*



*The joy of meeting with friends*



ods are a sense of humour and the ability to forgive. Try not to let the child trick you, and try to avoid being used only as a provider of food and clothes. If you encourage a child to be a consumer/parasite just so you can retain contact with them, you simply reinforce the attractiveness of the street.

### The purpose of a day centre (DC)

Social outreach work and activities in a DC are complementary. They both have a role in the process of socially re-integrating homeless children. Outreach work and work in a DC may be carried out by one multidisciplinary team working in both, as well as by different organisations. The essential factor is that all organisations involved should co-operate fully to achieve a common objective: to help a specific child to leave the street and to facilitate his/her return to life in mainstream society.

A DC that a child may enter and exit freely is a shelter, albeit a temporary one, where the child does not feel incessant danger. At the same time, it functions according to certain rules, and by respecting these rules the child will get used to the notion of respecting generally accepted norms, rules and schedules.

All children coming to the MSF Day Centre are supposed to first have a medical check-up. Every new project beneficiary then gets acquainted with the DC rules and schedule<sup>23</sup>. From the time that the centre opens



**MSF experience shows that the Day Centre is a 'tool' that, by satisfying basic needs — playing, doing workshops, teaching practical life skills and doing individual work — provides the supportive conditions that help a child to take an informed decision to leave the street.**



#### **Zhenya, 15**

MSF street workers met Zhenya at a big fair, where drug addicted street children hang out. She was six months pregnant and sniffing glue constantly. She was very reserved and didn't want to talk, and it took MSF's street workers a long time to persuade her to come to a day centre.

She came to the centre for the first time on the 26<sup>th</sup> of December 2005, when the team were holding a New Year party. She showed little interest in the festivities and seemed very depressed. She simply sat and watched her boyfriend all the time. She was afraid that he would abandon her soon. He didn't pay much attention to her.

MSF workers managed to persuade her to start drug rehab treatment. But her boyfriend left her. Very soon she interrupted her rehab course for glue addiction, and voluntarily left rehab.

MSF helped her to get back home. She has not been in contact with the team since.

<sup>23</sup> Appendix 5.





at 2 p.m., children have free time until 3.30 p.m. During this time they may have a shower, have their clothes washed or have tea or milk with biscuits. 3.30 p.m. is 'circle time' for the children and the staff who discuss any news, speak about the children's' moods and plans for the day. There are activities facilitated by different specialists until 5 p.m. or 5.30 p.m.<sup>24</sup> and, if the weather is good, outdoor activities (football or basketball) are offered. After that beneficiaries have *relatively* free time until the closure of the DC; they can watch TV, read, play ping-pong, learn to work on the computer, do puzzles or assemble models, have a shower and iron their recently washed clothes. During this time, the specialists in the centre work individually with beneficiaries.

On the street, the teenager is always on the alert. S/he will listen to you with half an ear. Surrounded by friends, s/he cannot show weaknesses and be open. It is therefore in a DC, away from their usual 'environment', in an atmosphere of trust and kindness, that a doctor, psychologist, educational specialist and social worker can work more individually and thoroughly with a child.

The DC doctor, as well as dispensing medical treatment and doing preventative check-ups, can facilitate workshops<sup>25</sup> on health issues. The psychologist holds group workshops and individual counselling sessions. The psychologist and social worker's task is to try to mobilize the

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<sup>24</sup> Appendix 6.

<sup>25</sup> Appendix 6.



*Every girl wants to be beautiful*



*Hobbies in the day centre*



internal resources of every beneficiary and foment the need to make changes. Different external consultants may also be involved in achieving this. One of the tasks of a DC in general, and of the educational specialist in particular, is to teach the child skills and encourage them to understand that there are many things and activities that are much more exciting than alcohol, glue and butorphanol.

When the multi-disciplinary team's work bears fruit, and a child is ready to make a change in their life, the social worker takes on an expanded role. Depending on the situation and wishes of the child, the social worker will communicate with the family or orphanage; negotiate entrance to a *priut*; help the child access treatment for drug or alcohol dependence; assist in the restoration of documents; prepare letters and requests to different officials and organisations; involve guardianship bodies. If necessary, the social worker will physically accompany a child home or to an orphanage, *priut* or hospital.

### Locating and equipping a day centre

A DC must be located in an easily accessible area but not too close to a place where homeless children live. If the centre is located too near to where the children live there may be the following negative consequences:

1/ Homeless teenagers that have not yet made up their minds to change their way of life and have not made any efforts to visit the DC,



#### ***Practical tips:***

**The DC (surface area: 200-250 square metres) must have a separate entrance. The building should have a reception room, a medical room, a hall for activities and games (no less than 60 square metres), a psychologist's room, a shower room for children, a laundry room (with a washing machine and a dryer), separate WCs for beneficiaries and the staff, a drying area for shoes, a stock room for clothes and shoes, stationery and games for children, and a staff area. The filing cabinet containing the data on the beneficiaries must be inaccessible to the children.**



#### ***Practical tips:***

**Beneficiaries should not wear dirty shoes or walk barefoot in the DC while their shoes are being dried, so it is advisable to have plastic or rubber slippers that can be disinfected in order to prevent fungal infection.**



may start using it as a 'hide-away nest' where they can have tea, have a nap and do nothing. Behaviour of this kind will have a disruptive effect on all beneficiaries and will undermine the staff.

2/ Homeless children living nearby may start to drive out children coming from other districts of the city.

In order to avoid possible conflicts with and complaints of local residents it is better to locate the DC in a non-residential, freestanding building. Ideally, it should have its own land. This could be achieved if the DC is opened as a separate unit within the structure of a social rehabilitation *priut* for children and teenagers.

Many homeless children are not ready to absorb vague information on different professions. They enjoy making something with their own hands, so it is recommended to provide a space in the DC for metal-work, woodwork or other activities and to invest in necessary equipment and tools.



*'Hairdressing salon' at the day centre*



## Conclusion and recommendations

Over the last 4 or 5 years more attention has been paid by the Russian state to neglected and homeless children. And almost 6 billion roubles has been allocated for the implementation of the *Homeless and Juvenile Crime Prevention* program within the framework of the Federal Program Children of Russia.

However, most people still do not believe there are any tangible outcomes to the efforts made by the state. The overwhelming majority (98,6%)<sup>1</sup> of those questioned by MSF on Moscow's streets still consider that there is a problem of child homelessness in Russia.

Why is society not satisfied with progress to date? It may be due to the fact that the state's attention seems focussed on overcoming the consequences of homelessness and not on affecting its root causes: family problems and faults in the institutional system. In addition, resources are being invested in old institutions that don't address current needs, instead of developing new forms of work with children, like outreach work or foster families and family-type orphanages.

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<sup>1</sup> MSF questionnaire survey in streets and train stations, Moscow, May–July 2006.

The state and Russian society will need years to consolidate the institution of the family. However, there are things that can be done now to decrease the numbers of homeless youth who end up on the streets and which will help to re-integrate those already living on the street. All it requires is fresh approach that moves away from coerced institutionalisation and towards the needs of individual children. It requires a concerted, co-ordinated effort from state and non-governmental organisations alike.

### **MSF Recommends that:**

1. **Systematic (professional) outreach social work** must be an obligatory component of the system of child homelessness prevention and re-integration of homeless youth. It should not be replaced by the police.
2. It is necessary to modernize the bulk of social *priuts* and turn them into **social rehabilitation centres** for children and teenagers. These centres should provide maximum opportunities to carry out individual work in the interests of specific children. Such centres



can act as a base from which multi-disciplinary teams can carry out systematic outreach work, and can also run day centres for neglected and homeless children.

3. It is essential to **guarantee direct admission of homeless children and teenagers to social institutions, like priuts<sup>2</sup>** without forced placement in hospital. This simply requires correct enforcement of the provisions of RF Federal Law of 24.06.99. № 120-ФЗ "On the basis of a system of prevention of homelessness and neglect and offences among the under-aged".

4. **Obstacles to departmental co-operation must be eliminated.** Social protection, healthcare, education, policing and guardianship bodies must co-ordinate their work so that the homeless child is not simply a 'package', handed from one institution or body to the next. Full co-operation will allow the development of a mechanism of data collection that will in turn aid planning, prevention and service provision. Linking all the elements in this chain will ultimately benefit the lives of specific children.

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<sup>2</sup> paragraph.1, clause 3, Article 13 of the Federal Law of 24.06.99. № 120-ФЗ

5. The system of **placement of orphans and children left without parental care** needs to be reformed. International experience shows that this includes: 1/ reducing the number of big orphanages and transforming some of them into centres of family-placement for orphans; 2/ supporting and encouraging those willing to create 'family-type' orphanages; 3/ developing different forms of family-placement of children.

6. It is vital to institute prevention programs among the under-aged on **sexual education and harm reduction.**

7. **Control over sale in pharmacies** of products that have a narcotic effect (e.g. butorphanol) must be enforced.

8. The new, emerging system of **juvenile justice** should be supported. This type of system has been shown to be effective in many other countries.





## Appendices

### Appendix 1

**Table №1**

<b>Family Status of MSF beneficiaries who have run away from home</b>	<b>%</b>
Divorced parents	3,7 %
Parents deprived of their parental rights	5,9 %
Father only	5,9 %
Mother only	21,9 %
Mother and step-father	11,1 %
Step-mother and father	1,9 %
Full family (mother and father)	16 %
Foster family/guardianship	4,1 %

**Table №2**

<b>MSF Beneficiaries' Place of Registration</b>	<b>%</b>
Registered in Moscow	20 %
Registered in other regions of the Russian Federation	70 %
Registered in CIS	7,4 %

**Table №3**

<b>Addictions of MSF Beneficiaries</b>	<b>%</b>
Alcohol	50 %
Butorphanol (Stadol)	32,6 %
Cigarettes	77,8 %
Glue	27,4 %

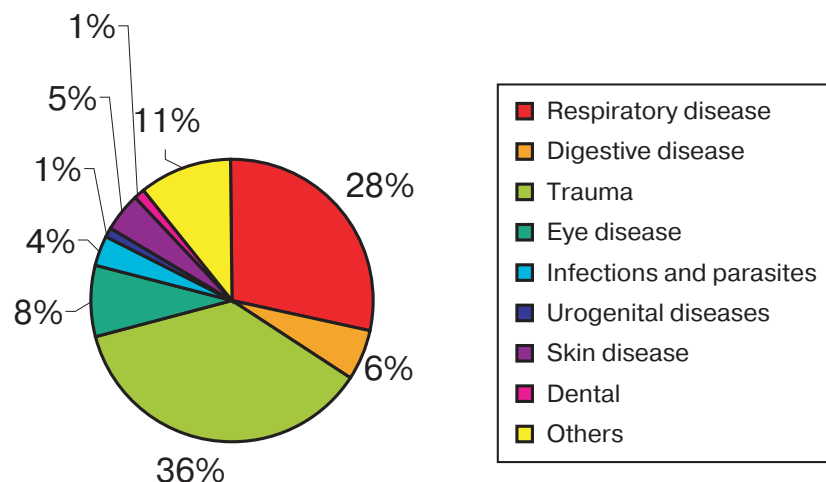
**Table №4**

<b>Contact of MSF Beneficiaries with police/criminal justice system</b>	<b>%</b>
Have been arrested by the police once	18,9 %
Have been arrested by the police twice	32,2 %
Previous convictions	11,1 %



## Appendix 2

## Breakdown of diseases MSF SCTP Moscow 2006



<sup>1</sup> The results are based on 1239 medical consultations

## Appendix 3

## MSF Principles of work with homeless children

**The principle of safety:** children and their group must be sure that it is safe for them to talk to a MSF team member;

**The principle of voluntary participation:** children should voluntarily accept the project team member into their group. The child first has to express his needs or demands for help. The project team member can assist in helping the child to express this demand properly (motivation). The project team member does not have the right to impose his/her views in a way that contradicts a child's moral and ethical principles. The only time that a project team member has the right to impose his/her view or act decisively against the wishes of the child is in case of threat to life and health.

**The principle of territorial organisation of outreach street work:** at least one project team member in a pair must know the gathering area, and must be known by homeless children who inhabit this territory.

**The principle of professionalism:** while the project team member is building a relationship with the child and his/her group, he/she should retain some distance, as defined by his/her functional duties. The project team member must differentiate between the individual and professional spheres.



## Appendix 4

### Regulations for outreach workers on the streets

The outreach worker must:

1. Be guided in his/her activity by the principles of operation with homeless children and by an approved job description.
2. Keep physical and psycho-emotional distance when in contact with a child.
3. Not try to solve the child's problem for him/her.
4. Not insist on finding out the reasons the child is on the street.
5. Take care of his/her own safety and partner's safety:
  - a) do not provoke aggressive reactions from children;
  - b) always work in pairs (working singly is permitted only during individual work with known children);
  - c) do not disturb groups of children that are acting aggressively;
  - d) do not interfere in a children's group when unlawful actions are taking place;
  - e) avoid working in dark places, basements and other similar locations.
6. Inform the Project Coordinator immediately about a non-standard situation or any route changes.
7. Not provide children with opportunities to act unlawfully:
  - a. Do not give children mobile phones and other valuable things;
  - b. not display valuables and money in front of children.
8. Not give money to the children.
9. If the child commits a crime against them, try to solve the problem immediately. If this does not work, write an application in person (as a citizen, not as an employee) to the nearest police station. Inform the Project Coordinator about this and the child as well, if it's possible. If the problem remains unresolved check with the police about the statement.
10. Not give out clothes and footwear to the children in the street, but inform the child about places where he/she can get help.
11. Not hamper police work, but in case of a child's detention make efforts to get information about him/her.
12. Be consistent in the rules applied to children and keep other team members informed of the child's progress.
13. Ensure that confidential information received from children is shared only with other project members or people who collaborate in the child's re-socialization.
14. Undergo a prophylactic medical check-up no less than once a year.



## Appendix 5

### Regulations of the Day Centre for minors

1. General rules:
  - 1.1. The Day Centre for minors (further the Centre) is an essential way of providing social and psychological aid to homeless and neglected children.
  - 1.2. Centre employees fulfil their work according to an approved schedule in the context of their functions.
  - 1.3. The Centre is intended for work with under age children.
2. In the Centre the child has the right:
  - to consult with and get the help of a specialist (psychologist, educational specialist, social worker, etc.);
  - to take part in studies, games and other activities;
  - to use all necessary equipment (DVDs, tools, balls, games, arts and craft materials etc.) with staff permission.
3. It is forbidden in the Centre:
  - to behave aggressively towards others;
  - to use any substances and medications affecting the nervous system (such as alcohol, glue, medicines, drugs, etc.);
  - to smoke in the Centre rooms;
  - to steal or attempt stealing;
  - to damage property.
4. Final regulations:
  - 4.1. Employees are responsible for ensuring these regulations are observed and should inform the Project Coordinator about all incidents on the Centre's territory.



## Appendix 6

### Possible subjects of the activities for children in the Day Centre

Activities carried out by a social worker:

1. Passport: what it is for and how to get it.
2. The teenager's legal responsibilities
3. Do you want to work? What can you do? How to find a suitable job.
4. The right to shelter and how to find it.
5. *A priut*: what it is, how to get there and what it can offer.
6. Education in evening school: what for, and how.

Activities carried out by an educational specialist:

1. Various quizzes appropriate to the level of 5-7th form of secondary school — approximately once a week
2. Family — is it the centre of a society?! Who and what do we call a family.
3. How the family lives: a life cycle.
4. Money! Money? Money... How to earn and how to spend.
5. 'Choosing a Profession is not a joke'. Getting knowledge about professions by Klimov's system — a series of 5 lessons.
6. Public-service institutions and their potential to solve social problems.
7. Movie with teenagers as the main characters, watching and discussion.

8. Hospitals as medical-social institutions. Quiz: "who treats and what treats".
9. Activity "The portrait of the stranger": cities and countries introduction. 4 lessons: France, Israel, St. Petersburg, Moscow.
10. Ecology foundation contest: "Environment protection".
11. Smoking: dispute "pro and con". Action "Anti-cigarette stub".
12. Communicative games: "Mafia", "Custom-house", "Shipwreck".
13. Discussion of relevant and vital topics: My day, What's this holiday for, My friend, Life rules, etc. — once a month.
14. Club of cheerful and smart people (KVN) — 3 lessons.
15. Photography, work with "Photoshop" — 6 lessons.
16. The homeless child's hand-book. How to use it.

Activities carried out by a doctor or medical professional:

1. Human Anatomy — 2 lessons.
2. First aid basics — 4 lessons.
3. Personal hygiene: the way to resist parasitic, infectious and fungus diseases.
4. Chilblains — causes, prophylaxis, first aid.
5. Safe behaviour during fire and during swimming in reservoirs.
6. Basics of safe behaviour in the camp.
7. Basics of cooking food on a campfire.
8. Enteric infections, their prophylaxis and first aid.





9. HIV, hepatitis: routes of infection and protective measures — 4 lessons.
10. The immune system: how it is weakened and strengthened
11. Sexually transmitted diseases: protection, signs, diagnosis and medical treatment procedure.
12. Pediculosis, scabies and their medical treatment.

Activities carried out by a psychologist:

1. Self-evaluation — how to do it
2. Work with addictions — 3 lessons.
3. Where can I get the resources to move forward with my life?
4. Interpersonal boundaries, their definitions and role in human life.
5. Relations between a child and parents — 3 lessons.
6. Workup with fears using art therapy and fairy tale therapy — 8 lessons.
7. Work with aggression (auto aggression) — 2 lessons.
8. Mask therapy. Subject: "I want to be seen this way today".
9. My emotions and spirits — 3 lessons.
10. Does the end justify the means?

## Appendix 7

### **An example of camp report**

The staff team was an administrator, an educational specialist, a psychologist and a doctor. The camp was for 18 children:

**Aim:** the development of the teenagers' communication skills and social adaptation techniques.

#### **Tasks:**

1. to create team spirit and an atmosphere of brotherhood and responsibility;
2. to involve teenagers in organising and regulating camp life, acquainting them with basic social techniques.

On our way to the camp we communicated about the plans and expectations of the camp, and played games that got the kids acquainted and promoted group unity.

When we arrived the first task was to set up the camp. To complete this task we separated into three groups: the first group set up tents; the second made a camp fire and was responsible for firewood storage; the third cleaned the camp area, cooked the afternoon snack and supplied the camp with water. The children did the majority of work themselves under the direction of adults. This was really interesting and important for them. They organized their shelters, providing all necessary conditions and comfort. Someone set up a tent for the first time, someone proudly demonstrated his working skills and strength.



The results of their work were real. This team-work and sense of joint achievement contributed to the formation of a community and sense of mutual responsibility in the team. It helped the kids learn to come to accommodations with each other and to be tolerant.

After setting the camp the children went to play football and to swim. Then there was dinner and evening camp fire.

At the time of camp fire we did an activity designed to foster unity and knowledge of one another — "While the rope twists". Everyone had a piece of paper and while he/she was slowly rolling it up he/she had to talk about himself, "who am I" — your place in life. This was difficult for the children. They all said it was hard to talk about their own personalities. To do this you need to know yourself and your own qualities. It's difficult to compliment yourself and hard to know how far you can trust the people you are revealing personal details to. Expectations of the camp were discussed: everybody wanted to rest, sleep, play and swim a lot, sit at the camp fire. The camp programme was announced and the main responsibilities were distributed. Next day was devoted to the presidential election. We offered children to nominate two presidents by voting. We were surprised with results, because they elected the youngest boy Pasha (11 years old) and the most imperceptible Sasha (17 years old) as the presidents. The presidents were offered to gather their own teams and to make a flag representing their team idea.

Both presidents got essential experience of leading other people. It was especially difficult for Pasha. He led a team of 17 year old teenagers and they didn't recognise his leadership. However they had to find common language and solved this. Their flag "Hard nut" was a symbol of their readiness to get over the difficulties and to support each other. Sasha's team worked on this task longer, because they liked the process. Their flag "Friends: we are together" was a symbol of friendship, unity and mutual interest.

Then we discussed their feelings of electing or being elected. Who had the bigger responsibility — those who were elected as presidents or those people who voted or found themselves in one of the teams.

Before lunch the children, together with the doctor and administrator, swam and played football, after lunch they had a rest, slept, cleaned the camp, stored firewood, and, at their own initiative sawed comfortable seats for everyone. Poma and Vitya distinguished themselves as practical workers.

In the evening we held a body painting contest. First of all they were told about the history of body-art, some symbols, colour combinations, about the meaning and information which they carry, and then offered to express themselves. This activity was funny and interesting.

In the evening everybody went swimming again and told stories, and listened to the rain.



On the last day following the old tradition we conducted the ecological campaign "Good deal". The children built a safe bridge over the river, fixed the steps to the river, left some wood for those who came after they had gone, put the place in order. This day, when they worked for people who they wouldn't see, was as significant for teenagers as the two previous days when they worked for themselves.

In general there was very emotional and psychological atmosphere in the camp. We saw mutual caring, respect, benevolence, interest, jokes, some protective rudeness, a cheerful attitude to difficulties, pride in a job well done and some serious thoughts. All the staff were constantly carrying out individual work with every child. The children revealed different sides to themselves in the camp, they trusted more in the adults, they didn't need to behave protectively, they became surer of themselves. They were able to gain the essential experience of positive relations with an adult and face the future more courageously.

At the end of the camp we asked the children to fill in feedback opinion polls.

All of them liked the camp, all of them would like to repeat the experience, nearly all of them expressed gratitude to the staff and to our administrator in particular for the food. The most interesting activities were sport, swimming, discussions by the

fire, meals and chopping firewood with our doctor, setting the tents.

For a future camp they would like to discuss sport, music and play Intelligence service games.

In the camp they managed to develop the following features:

- ability to listen to another person, to make arrangements with people;
- sense of humour;
- physical development;
- patience;
- purposefulness and persistence;
- industry;
- skills to draw and paint;
- friendliness and care;
- ability to speak to an audience.

In general, the results of the camp were achieved, and the camp was great.